

SOUTH DAKOTA MATERNAL AND CHILD HEALTH (MCH) FY 2009 BLOCK GRANT PUBLIC COMMENT

The South Dakota Department of Health (DOH) is seeking public input as it prepares its annual submission to the U.S. Department of Health and Human Services' Maternal and Child Health Bureau (MCHB). The FY 2009 Maternal and Child Health Block Grant includes an annual report of activities in FY 2006 and an annual plan of activities for FY 2009 (covering the period starting October 1, 2008 and ending September 30, 2009). This application is required for continuation of federal funds for the state's Title V program which serves mothers, pregnant women, infants, children, adolescents, and children with special health care needs. The following information provides a summary of the South Dakota MCH Block Grant annual plan including activities to address priority needs and performance measures.

The DOH receives approximately \$2.3 million dollars annually to assure access to preventive and primary health care services for the required population groups of: (1) preventive and primary care services for pregnant women, mothers and infants; (2) preventive and primary care services for children; and (3) services for children with special health care needs (CSHCN). Federal law requires each state to allocate a minimum of 30 percent of available funds to services for children with special health care needs, and a minimum of 30 percent of available funds to services for children and adolescents.

Priority needs for the South Dakota MCH block grant are based on the needs assessment completed for the FY 2009 MCH Block Grant application. The nine priority needs for the South Dakota MCH program are as follows:

- Reduce unintended pregnancies;
- Reduce infant mortality;
- Improve pregnancy outcomes;
- Reduce morbidity and mortality among children and adolescents;
- Improve adolescent health and reduce risk-taking behaviors (i.e., unintentional injuries, dietary habits, physical activity, tobacco use, alcohol use, and other drug utilization);
- Improve the health of, and services to, CSHCN through comprehensive services and support;
- Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CSHCN;
- Improve state and local surveillance and data collection and evaluation capacity; and
- Reduce childhood obesity.

The federal MCHB has developed 18 core performance measures and the South Dakota MCH Program has developed eight additional state-negotiated performance measures to measure progress toward improved health outcomes for the MCH population.

Federal Core Performance Measures

1. The percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2. The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.
3. The percent of children with special health care needs age 0 through 18 who receive coordinated, ongoing, comprehensive care within a medical home
4. The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.
5. The percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.
6. The percentage of youth with special health care needs who received the services necessary to make transitions to all aspect of adult life, including adult health care, work, and independence.
7. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. The percent of mothers who breastfeed their infants at 6 months of age.
12. Percentage of newborns who have been screened for hearing before hospital discharge.
13. Percent of children without health insurance.
14. Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
15. Percentage of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

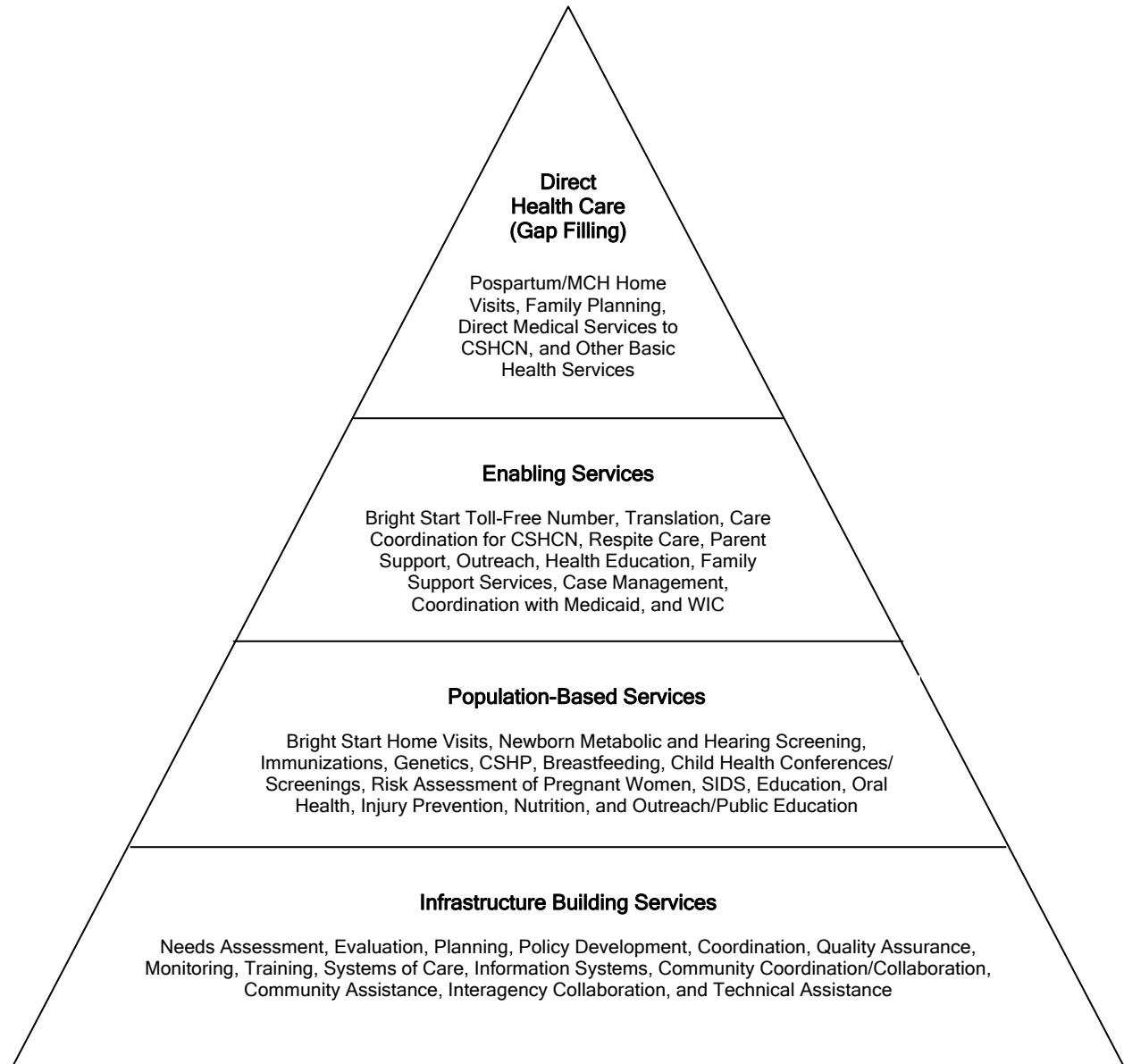
State Negotiated Performance Measures

1. The rate (per 1,000 live births) of children under age 1 who die as a result of Sudden Infant Death Syndrome.
2. Percent of pregnancies which are unintended (mistimed or unwanted) and result in a live birth or abortion.
3. Percent of high school youth who self-report tobacco use in the past 30 days.
4. Percent of school-aged children and adolescents who are overweight or obese.
5. Percent of mothers who breastfeed their infants at hospital discharge.
6. Percent of mothers who achieve a recommended weight gain during pregnancy.
7. Decrease infant exposure to secondhand smoke.

Priority needs and core and state-negotiated performance measures cross the four levels of the public health services pyramid - direct health care services, enabling services, population-based services, and infrastructure building services - and activities of the MCH program are designed to address these needs and measures (see pyramid below). While some will be addressed

directly by the DOH, others will be addressed through collaboration with other public and private agencies.

Core Public Health Services Delivered by SD MCH Program



If commenting, please review the priority needs as well as the federal and state-negotiated performance measures (above) and provide comments on: (1) what other priority needs should be included on the list; and (2) what actions could address any of the priority needs. To provide comments, call, write, e-mail or FAX them to the:

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All comments must be received by July 3, 2008 to be considered for the FY 2009 MCH Block Grant application.

To request a copy of the draft FY 2009 MCH Block Grant application, please send your name and address to Kayla Tinker at the address above. It is estimated that a draft application will be available for distribution by June 27, 2008. Based on previous years, the application will be approximately 175 pages (including application text, supporting documents and budget).